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FORM 4 Rev 12/05

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State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number : 100185
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.
3. Address : 370 17th Street, Suite 1700
City : Denver State :CO Zip :80202
4. Contact Name : RUTHANN MORSS
Phone : 720-876-5060 Fax : 720-876-6060
5. API Number : 05045135730000 OGCC Facility ID Number 16-5 (PD16)
6. Well/Facility Name : Enyeart 7. Well/Facility Number : 16-5 (PD16)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NWNW Sec 16 T7S - R95W 6th PM
9. County : GARFIELD 10. Field Name : Parachute
11. Federal, Indian or State Lease Number :

Complete the Attachment Checklist

Table with 2 columns: Attachment Name, OP, OGCC. Rows include Survey Plat, Directional Survey, Surface Eqmpt Diagram, Technical Info Page, Other.

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
ABANDONED LOCATION:
SPUD DATE:
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date : UPON APPROVAL
Request to Vent or Flare
Request to Repair Well
Request for Rule 502 variance
Request for E&P Waste Disposal
Request for Beneficial Reuse of E&P Waste
Request for Status Update/Change of Remediation Plans for spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Ruthann Morss Date: 11/08/2010 Email: ruthann.morss@encana.com
Print Name : RUTHANN MORSS Title : REGULATORY ANALYST

COGCC Approved: David And Title: PE II Date: 3/22/2011
CONDITIONS OF APPROVAL, IF ANY: